

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

assistance in completing this form, see instructions on the reverse side.

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

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(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Ves \(\bigcup \text{No} \)							
COMMITTEE INFORMATION							
1. Full Name of Committee (as on Statement of Organization)							
EVANS for Council			21				
2. Acronym or Abbreviated Name (if any) 3. Committee Tele							
	(31	7) 270 - 73:	85				
4. Mailing Address (address where all campaign finance correspondence is received)		s is a new address					
9153 New Harmony Cir.							
5 CIV STATE ZIP LONE	6. Party	Affiliation (if applicable)					
Indiana polis. In 44231		Democras	4				
CANDIDATE INFORMATION (For Candidate's C	ommitte	ees Only)					
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independe	ent Candidate				
9. Office Spught (Include district number, if any. Not required for exploratory committee.)	Lared Nathaniel Evans Dem						
9. Office Spught (Include district number, if any. Not required for exploratory committee.)	45000000000000000000000000000000000000	inty of Residence					
City-County Council 10ist. 22	•	marion					
TYPE OF REPORT		CONVENTION	ON CANDIDATES ONLY				
11. Check one:		Check one:					
Pre-Primary Pre-Election Annual Nomination Other		Pre-Cor	vention				
Final/Disbands Committee (lines 18, 19, and 20 must be '0') Utgoing Treasurer (within 10 days amend Statement of	f Organization) Post-Co	nvention				
12. Reporting Period:		COLUMN A	COLUMN B				
From: Gan 1st Through: April 10th		This Period	Year to Date				
13. Cash ownand and investments at the beginning of this reporting period.		0					
14. Cash on hand and investments January 1, current year.							
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)							
15a. Itemized (use Schedule A)		20,50.00					
15b. Unitemized		425.00					
15c. Add lines 15a and 15b in both columns SUBT	100000000000000000000000000000000000000	2 475.					
	TOTAL	\$6, 475.00					
EXPENDITURES							
(Note: These amounts include in-kind expenditures and loan repayments.)			原是其一种基础的				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		944.39					
17b. Unitemized		484.21					
17c. Add lines 17a and 17b in both columns SUB	TOTAL	1, 430. 40					
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	\$ 1.044.40					
19. Debts OWED BY the committee (use Schedule D)							
20. Debts OWED TO the committee (use Schedule E)							
CERTIFICATION FOR OFFICE USE ONLY							
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, COR		84 State				
Signature of Treasurer Title 4/30/15		Date 4/20/15	ryla A. Eldridge				
Signature of Camdidate (if applicable)		Date 4/20/15	APR 20 2015				
WARNING Any information contained in this report may not be copied for sale or used for any commercial purpose. files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accura Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9)	ate report a	s required by the Indiana	FILED				



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER		
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	0011111111	00111111110	
FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Marie A. Commis	Contributions:	\$600.00		2/3/15
maggio Sivis Campaign	☐ In-Kind (describe)	9F GOO. 00		73/12
Maggie Tewis Campaigs 4235 Frace Edge Un. Inhanosos A 416254				,
Indianapolis, In 414.254	Other Receipts:			
	☐ Interest ☐ Loan			
24 24	Misc. (specify)			
Contributor's Occupation (if required) City Councilor				
2.	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:			
:	☐ Interest ☐ Loan ☐ Misc. (specify)			
	I most (specify)			
Contributor's Occupation (if required) 3.	Contributions:			
	Direct			
0	☐ In-Kind (describe)	+		
	Other Receipts: Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc. (specify)			
	☐ miso. (specify)			
Contributor's Occupation (If required)			Mario Salara	
SUBTOTAL T	\$			
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	\$			